

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKFrank DeLorenzo

(In the space above enter the full name(s) of the plaintiff(s).)

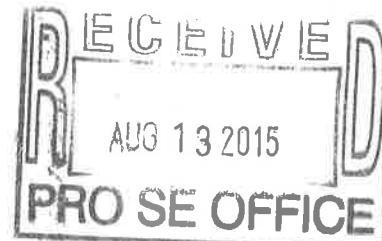
15CV6411

## COMPLAINT

-against-

THE STATE OF NEW YORKRockland County, N.Y.THE COUNTY OF ROCKLANDThe Town of NyackKenneth PoylePark Company

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

Jury Trial:  Yes  No  
(check one)

## I. Parties in this complaint:

A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Frank DeLorenzo #46943  
 Street Address 53 NEW HEMPSTEAD RD  
 County, City NEW CITY Rockland County  
 State & Zip Code NEW YORK, 10956  
 Telephone Number 845/290-7576

B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Rockland County  
 Street Address 53 NEW HEMPSTEAD RD

County, City Rockland County New City  
 State & Zip Code New York, 10556  
 Telephone Number \_\_\_\_\_

Defendant No. 2 Name The town of Nyack  
 Street Address \_\_\_\_\_  
 County, City Rockland county, Nyack  
 State & Zip Code Nyack, Ny  
 Telephone Number \_\_\_\_\_

Defendant No. 3 Name Kenneth Byre  
 Street Address \_\_\_\_\_  
 County, City NY  
 State & Zip Code Nyack Ny  
 Telephone Number \_\_\_\_\_

Defendant No. 4 Name Parking Company  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

### II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

Federal Questions  Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? None

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship \_\_\_\_\_

Defendant(s) state(s) of citizenship \_\_\_\_\_

### III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur?

Nyack, N.Y., Rockland County

B. 1 What date and approximate time did the events giving rise to your claim(s) occur?

August 8<sup>th</sup>, 2000 AM

ON

C. Facts: ~~See attached~~ I was stabbed 6 times by Kenneth Boyce who was working as a meter maid / parking attendant over parking disagreement. He was working for The Town of Nyack and was on duty.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

Kenneth Boyce stabbed me 6 times.

Mike Fitzgerald, Nyack police officer  
(witness) (witness)

#### IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

6 puncture wounds,

Punctured lung, Stabbed in main artery Near Heart, loss 10 pints of blood

Nerve damage, loss 2 teeth when I hit the floor from loss of blood,

Blood Transfusion, 9 scars from surgery, stayed in hospital for 8 days, Psychological and Emotional Damage,

## V. Relief;

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. The Relief Sought is ~~REDACTED~~

\$50 million dollars for punitive damages and pain and suffering

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 17 day of August, 2015

Signature of Plaintiff

Mailing Address

Frank J. Wilcox  
53 NEW HEMPSTEAD RD.  
NEW CITY, N.Y. 10956.

Telephone Number

*Fax Number (if you have one)*

7596

(Mother →)

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

### For Prisoners:

I declare under penalty of perjury that on this 17 day of August, 2015, I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

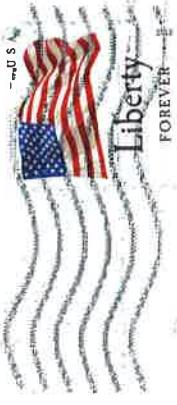
Signature of Plaintiff:

Inmate Number

Fayeburg  
46943

c.c. Plaintiff

Frank DeLorenzo  
53 New Hempstead Rd.  
New City, NY 1056



10 AUG 2015 PM 6 T

United States District Court  
Southern District of NY  
500 West Street  
New York, NY 10007

Pro Se  
8/13/15

10007-1330